

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

104- 92-589985

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

19262

012418

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST (GIVEN): SHABAZZ	1B. MIDDLE: NAGEE	1C. LAST (FAMILY): MUHAMMAD
2. SEX: MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH—MONTH, DAY, YEAR: NOVEMBER 13, 1992
			4B. HOUR—124 HOUR CLOCK TIME: 1643
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: MEMORIAL HOSPITAL MED CENTER	5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION: 2801 ATLANTIC AVE	
	5C. CITY: LONG BEACH	5D. COUNTY: LOS ANGELES	5E. PLANNED PLACE OF BIRTH: HOSPITAL
FATHER OF CHILD	6A. NAME OF FATHER—FIRST (GIVEN): RON	6B. MIDDLE: JOSEPH	6C. LAST (FAMILY): MUHAMMAD
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST (GIVEN): FAYE	9B. MIDDLE: -	9C. LAST (MAIDEN): PAIGE
PARENT'S CERTIFICATION	12A. PARENT OR OTHER INFORMANT—SIGNATURE: 		12B. RELATIONSHIP TO CHILD: MOTHER
	13A. ATTENDANT OR CERTIFIER—SIGNATURE, LEGAL OR TITLE: 		13B. LICENSE NUMBER: 404393
CERTIFICATION OF BIRTH	13C. DATE SIGNED: 11-14-92		13D. DATE SIGNED: 11-18-92
	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: CLIFFORD HANCOCK MD, 3490 WILSON AVE, LONG BCH		17. DATE ACCEPTED FOR REGISTRATION: FEB 12 1993
LOCAL REGISTRAR	15A. DATE OF DEATH: -		

INFORMED BY LOCAL REGISTRATION DISTRICT

NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

This is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.

Longman E. Fielding mo

VE

DATE ISSUED

FEB 27 2013

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



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